Worcester County's Initiative to Preserve Families

The Local Management Board
FY 2027 Request for Proposals for
Coordinated Community Supports Partnerships
Worcester and Somerset Counties Spoke Providers

Release Date: November 26, 2025
Deadline for Submission: January 13, 2026, at 2:00pm

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Introduction

Local Management Boards (Boards) were established in the 1990s as part of a State/local collaboration committed to improving the well-being of Maryland's children, youth, and families. The Boards were created to promote improved, coordinated local decision-making that focuses on results and accountability. The premise was, and continues to be, that health, education, economic, and social outcomes are more likely to be improved if decisions about programs and strategies are made by local jurisdictions with the funding, support, guidelines, and accountability managed by the State.

The jurisdictions, through their Boards, bring the knowledge of local needs, resources, and strengths. The Boards bring together public and private agencies, local government, faith-based and civic organizations, families, youth, and community members to develop, implement, and review a community plan.

Purpose

Worcester County's Initiative to Preserve Families, through the Community Supports Partnership (CSP), in partnership with the Maryland Community Health Resource Commission (CHRC), is soliciting proposals for Fiscal Year 2027. These proposals should address the behavioral health needs of students within Worcester and/or Somerset Counties.

Executive Summary

Worcester County's Initiative to Preserve Families' office is located in the central part of Worcester County in Snow Hill, Maryland. The Worcester County Local Management Board, Board of Directors is composed of five (5) ex officio members and four (4) at-large members; all of whom are committed to improving the well-being and outcomes for children, youth, and families in Worcester County.

Mission Statement: The mission of the Worcester County Local Management Board is to achieve a comprehensive system of education, health and human services that effectively and responsibly address the needs of Worcester County children and families through public and private interagency collaboration.

Vision Statement: The Worcester County Local Management Board envisions a caring, compassionate, inclusive community with leadership and government that fosters an environment which empowers all children, youth and families to thrive.

Community Supports Partnership History

In fiscal year 2024, the Worcester LMB became the pilot HUB for both Worcester and Somerset counties. This pilot undertaking stretched through fiscal year 2025, and in fiscal year 2026, the Worcester LMB became a full Community Supports Partnership (CSP), with four (4) provider Spokes in Worcester County and three (3) provider Spokes in Somerset County. Additionally, in fiscal year 2026, the Worcester LMB acted as the local technical assistance provider, the navigator and the fiduciary between the local Spokes and the CHRC. In fiscal year 2027, the Worcester LMB will continue to operate much the same, partnering with the Somerset LMB, the Worcester LBHA, the Worcester and Somerset Boards of Education, as well as additional local and state agencies.

For more information regarding the Community Health Resource Commission, please visit their website HERE. For the FY26 Coordinated Community Support Partnership Application, which is mentioned throughout this document please visit HERE.

Proposal Specifics

The Worcester County LMB is seeking proposals from qualified community partners to provide high quality, comprehensive and supportive services in Worcester and/or Somerset counties for students and families with behavioral health needs. Funding is available to local 501-(c) not-for-profit organizations, faith-based organizations, and government agencies who are in good standing. LEAs are not eligible to apply. ***Funding is subject to the availability of funds, which may be modified based on the final budget appropriation by the General Assembly and/or adjusted according to the funds appropriated to the Worcester LMB.***

Applicants are required to demonstrate that their programs respond to documented local needs and priorities. Applicants should use Needs Assessments and other data to justify their programming (see Attachment 6).

Funds from this grant may not supplant current funding for services and supports. Funds may be requested to sustain programs launched through the Worcester LMB's previous Request for Proposals for service providers. Grant funds may be requested for new or existing programs. An established program currently funded through another source can receive grant funding under this Request for Proposal if the funding represents an expansion of services or an increase in the number of individuals served. When possible, Medicaid reimbursement should be sought, and grant funding should support activities that are not Medicaid reimbursable.

All services do not need to be provided in the school building, but must be strategically coordinated via ongoing and regular communication and collaboration with the district and schools to augment their existing Multi-Tiered System of Supports (MTSS).

The LMB is aware of behavioral health workforce constraints. Applicants must develop realistic staffing plans as part of their proposals. Applicants may include innovative strategies to address challenges in the behavioral health workforce, such as: use of supervised interns and other staff consistent with legal requirements, family and peer support programs, innovative use of technology, expanding Tier 1 and Tier 2 services, paid staff training and career ladders, and building the behavioral health workforce pipeline. While proposals may include components that address workforce challenges, an applicant's program must directly result in expanded behavioral health and/or wraparound services for students and families during the grant period.

Multi-Tiered System of Supports

The LMB is requesting that potential Spokes address local needs through support interventions at each of the three tiers of the Multi-Tiered System of Supports (MTSS): Tier 1 (universal promotion/prevention), Tier 2 (early intervention), and Tier 3 (treatment). Service provider applicants are not required to offer support and services at each tier but should integrate into a school's overall multi-tiered approach.

There are interventions at each of the three tiers of the Multi-Tiered System of Supports (MTSS): Tier 1 (universal promotion/prevention), Tier 2 (early intervention), and Tier 3 (treatment), in both Worcester and Somerset Counties. Overall, Tier 1 interventions are most common and widespread throughout the schools and in partnership with other agencies. Tier 2 and Tier 3 interventions are prioritized as greater need in both Worcester and Somerset Counties compared to Tier 1 interventions. Applicants may still apply for Tier 1 interventions, but all applications are encouraged to show strong understanding of current services in order to reduce duplication and maximize breadth and depth of services.

Evidence Based Programs/Best Practices

While local autonomy and solutions are recognized, programs should be evidence-based. The Consortium's Best Practices Subcommittee has developed a list of 15 statewide encouraged Evidence-Based Programs (EBPs).

1. Unified Protocols for Transdiagnostic Treatment of Emotional Disorders in Children and Adolescents (UP-C/UP-A)
2. Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct Problems (MATCHADTC)
3. Safety Planning Intervention (Stanley and Brown)
4. Counseling on Access to Lethal Means (CALM)
5. Adolescent Community Reinforcement Approach (ACRA)
6. The Student Check-Up (Motivational Interviewing)
7. Therapeutic Mentoring
8. SBIRT – Screening, Brief Intervention, and Referral to Treatment
9. Cognitive Behavioral Intervention for Trauma in Schools (CBITS) / Bounce Back
10. Botvin Life Skills
11. Youth Aware of Mental Health (YAM)
12. Circle of Security
13. Botvin Life Skills Parent Program
14. Family Check Up
15. Chicago Parenting Program

Applicants focusing on suicide prevention should consult the Maryland Action Plan to Prevent Suicide in Schools (MAPS).

Applicants may identify EBPs and strategies not included on either the Priority or Recommended menus, but must demonstrate that these are: (1) supported by evidence of impact on target social, emotional, behavioral, and/or academic outcomes (based on research evidence, as recognized in national registries and the scientific literature, and/or supported by practice-based evidence of success in local or similar schools or communities); (2) equitable and fit the unique strengths, needs, and cultural/linguistic considerations of students and families in the target community; (3) responsive to documented local priorities; (4) have adequate resource capacity for implementation (e.g., staffing capacity; training requirements, qualifications, and staff time; ongoing coaching); and (5) monitored for fidelity. Applicants are responsible to coordinate any training and implementation support for EBPs not on the Priority menu. These training costs (if any) may be included in grantee budget requests (see Budget section).

Program Implementation and Award Allocation

Program implementation is expected to run from **July 1, 2026, through June 30, 2027**. While there is no budget maximum, average FY26 awards in Worcester were **$286,000.** The LMB will review budget requests closely, may ask for revisions, and encourages maximizing other funding sources and providing an efficient budget. Funding cannot cover insurance-eligible costs. The LMB reserves the right to negotiate the proposed budget, award a lesser amount, and allow the applicant to adjust the scope or decline funding if the awarded amount is reduced.

ALL FUNDING IS CONTINGENT UPON AVAILABILITY OF FUNDS AND MAY BE AMENDED TO REFLECT CHANGES IN THE FINAL BUDGET APPROPRIATION BY THE GENERAL ASSEMBLY, OR MAY BE AMENDED BASED ON FUNDS APPROPRIATED TO THE WORCESTER COUNTY LOCAL MANAGEMENT BOARD.

The LMB reserves the right to discontinue funding if the program is not meeting deliverables or if funding is withdrawn from the MCHRC.

Dual Service Areas

Service provider applicants may request grants for more than one jurisdiction (Worcester and/or Somerset Counties); however, a separate application must be submitted for each jurisdiction to be served.

Data Collection

Applicants must demonstrate the capacity to collect and report data required by the LMB. Chosen service providers will be required to report standardized data to the LMB, CHRC and the National Center for School Mental Health (NCSMH). Performance and outcome measures are subject to change however, examples of performance and outcome measures include:

- # unduplicated students served – Tier 1, 2, 3
- # unduplicated new staff positions
- # unduplicated school staff by grantee trained and assessed for competency
- Custom measures by EBP and/or by assessment tool
    - # unduplicated students who received services
- Other custom measures may be developed with individual grantees

Priority Population

Applicants should utilize local data to inform their RFP response. It is highly recommended that applicants contact the Local Management Boards in Worcester and/or Somerset counties to access the most recent county Needs Assessments. Applicants must carefully analyze identified gaps and needs within each county and propose a comprehensive and informative strategy to address them. Additionally, applicants are encouraged to consult with the Local Education Agencies (LEAs) or the local Boards of Education to discuss current gaps and needs that may not be detailed in existing Needs Assessments.

Applicants should also explore relevant data hubs such as the ALICE Network, Annie E. Casey Foundation's Kids Count Data, Maryland Department of Education (MSDE), the Maryland Department of Health's Local Behavioral Health Authorities Annual Report, and the National Center for School Mental Health.

Worcester and Somerset Counties face challenges, needs, and gaps in service provision, particularly concerning specialty services for specific populations and needs. Key areas for potential expansion or introduction of specialty services include family and in-home intervention, specialized treatment for autism, and early childhood mental health supports. Additionally, improving access for individuals whose native language is not English (such as Spanish, Haitian Creole, etc.) necessitates increasing the availability of providers fluent in multiple languages.

While it is not a requirement, it is strongly suggested that applicants should also consider the future impacts to insurance obtainment and coverage, specifically those impacted by Medicaid and Medicare cuts.

Worcester County

Services and Gaps

Overall, the priority services and interventions identified are specialized services for family and in-home intervention. Other services that are limited in our rural areas are early childhood mental health supports and specialized treatment for autism.

MDH identified "White Space" (i.e. public behavioral health services for youth and adolescents not available) including services such as Mobile Response Stabilization Services (MRSS), First Episode Psychosis, Mental Health Partial Hospitalization, SUD Partial Hospitalization, a Residential Treatment Center, SOAR, Spanish Speaking Therapeutic Services, TAMAR, or TCM Plus/1915i.

There are currently no services within the schools for disordered eating or psychosis; however, referrals to community providers are made for these concerns. Tier 1 services could possibly be provided in these areas. The schools use existing Tier 1 strategies and are looking to expand Tier 2 services.

There are many students who are eligible for behavioral health services through the public behavioral health system that are not receiving services. There are 6,648 students in Worcester County, with 6,621 eligible for public behavioral health services (PBHS), 1,342 who received PBHS, 61 inpatient psychiatric hospitalizations and 82 psychiatric emergency room services (the highest percentage of those services being youth ages 13-17 at 35.8%).

The currently awarded Spokes are supporting identified behavioral health needs by providing early intervention services, services that address anxiety, depression, and trauma, and programs that are family focused.

Somerset County

Services and Gaps

Overall, the priority services and interventions identified are social, emotional learning (SEL), math and reading, school climate, and parent support. The LEAs are looking for behavioral health providers/spokes who will coordinate well with the schools to reduce barriers for students and families accessing services (e.g. time services are available). The LEA is planning for an offsite alternative learning program that will provide additional parent support and SEL.

MDH identified "White Space" (i.e. public behavioral health services for youth and adolescents not available) including services such as Court/DJS Initiatives, Crisis Intervention Team, Crisis Walk-In, Crisis Residential, Detention/Jail-Based Services, First Episode Psychosis, Inpatient Services (SUD), Opioid Maintenance Treatment, Mental Health Partial Hospitalization, SUD Partial Hospitalization, Recovery Support Pregnant Women/Children, Residential Rehabilitation, Respite Care, Safe Station, School/Preschool Programs, SOAR, Spanish-Speaking Therapeutic Services, START, and TAMAR. In addition, the LEA is not connected to the Adolescent Clubhouse.

There are many students who are eligible for behavioral health services through the public behavioral health system that are not receiving services. There are 2,894 students in Somerset County, 4,112 eligible for public behavioral health services (PBHS) (from birth 0-25), 869 receiving PBHS, 32 inpatient psychiatric hospitalizations, 67 psychiatric emergency room services.

The currently awarded Spokes are supporting identified behavioral health needs by providing early intervention services, services that address anxiety, depression, and trauma, and programs that are family focused.

Timeline

RFP Release: November 26, 2025

Pre-Proposal Meeting:
Spoke RFP Pre Bid Meeting
Thursday, December 18 · 10:00am – 11:00am
Time zone: America/New_York
Google Meet joining info
Video call link: https://meet.google.com/nan-bnor-ier
Or dial: (US) +1 678-879-5585 PIN: 711 822 551#
More phone numbers: https://tel.meet/nan-bnor-ier?pin=4027915815385

Proposals Due:
January 13, 2026, at 2pm

Interested parties must submit one (1) original and five (5) copies of their proposal to the Worcester County Government by the established deadline. All copies of the Proposal Documents and any other documents required to be submitted with the Proposal Documents should be *UNBOUND* (do not staple or bind in any way other than a binder clip) and enclosed in a sealed envelope/ package. They should be identified with the project name: **WORCESTER COUNTY'S LOCAL MANAGEMENT BOARD FY2027 SPOKE PROVIDERS REQUEST FOR PROPOSALS**. The Worcester County Government will ensure that all proposals received by the deadline are given to the LMB. Proposals should be addressed and mailed or hand carried to:

Office of the County Commissioners
Procurement
Worcester County Government Center
One West Market Street, Room 1103
Snow Hill, MD 21863

Evaluation Meeting:
January 29, 2026
This is a closed meeting for the purpose of reviewing applications with the Evaluation Committee

Notification of Inclusion in Community Support Partnership (CSP) Application
The vendor(s) chosen to be included in the LMB's CSP application will be notified by LMB staff by close of business day on February 6, 2026.

Notification of Award
While the LMB is hopeful to notify selected vendor(s) of the final award by mid-June, this is subject to change based on the Community Health Resource Commission's funding and timeline. Once a final award is made to the LMB, a follow up meeting will then be scheduled with vendors. Vendors are expected to be ready for implementation by July 1, 2026.

Questions and Requests for RFP Documents
Agencies may submit questions and requests for an electronic copy of the RFP to Candace Savage at csavage@worcestermd.gov

Evaluation Meeting Specifics

The LMB will utilize an Evaluation Committee to review and evaluate each proposal submitted by the guidelines established on the provided evaluation criteria. A total of five members will serve on the RFP panel. The panel will be assigned a facilitator who will assist the group through the process but will not have a vote. Members of the RFP panel will receive and review the proposals once they have been collected from the County Administrator. Agencies that are submitting a proposal cannot be part of the panel that reviews the proposals. The Evaluation Committee will include staff of the Worcester County Local Management Board and Worcester County Local Behavioral Health Authority, both of which are housed within the Worcester County Health Department but maintain firewalls from other Health Department programs. *Examples* of persons/agencies who also may be a part of the Evaluation Committee include:

- Local Education Agencies/Board of Education
- LMB Directors or staff from other counties
- LBHA Directors or staff from other counties
- Representatives from civic groups and local community activists
- Representatives from Salisbury University (SU) School of Social Work or professor(s) from WorWic and/or University of Maryland Eastern Shore (UMES)
- Pediatricians

The LMB staff will present the proposals to the Board of Directors for final discussion and considerations. Board members can call a motion to recommend changes for the program vendor to consider, but any such change would require a unanimous vote of support by the full Board.

After the LMB Board of Directors has voted to support the selected program vendor, the LMB will then move forward with including the selected vendors in their own application to the Community Health Resource Commission (CHRC). Applicants will be notified of inclusion or not into the LMB's own proposal by February 6, 2026.

Agencies wanting to appeal a decision reached for this RFP may do so in writing to the LMB Executive Committee within one week of the Committee's evaluation outcomes being announced. The Executive Committee will either deny the appeal and inform the petitioner or forward the appeal for consideration by the full Board. To reverse an earlier decision concerning the RFP made by the panel it will require a unanimous vote by the full Board.

The LMB does not discriminate on the basis of race, color, sex, age, national origin, religion, marital status, military status, disability, gender identity, genetic information or sexual orientation in matters affecting employment or in providing access to programs.

Submission Details

The LMB Board of Directors is asking that interested parties develop a robust, succinct and concise proposal for programs to sustain and expand access to high-quality behavioral health and wraparound services for students and families in Worcester County and Somerset County. These may be new programs or existing programs looking to expand. For convenience, please use the following outline to develop an appropriate response to this request.

Project proposals should be clear and concise, single spaced, in 11 or 12 point font. Proposals should be no more than 12 pages (approximately 5000 words or less), excluding table of contents, executive summary, budget, and appendices. Brevity is encouraged. All pages of the proposal must be numbered. Please ensure that the final submission is UNBOUND (binder clip and/or paper clips are acceptable).

The project proposal should be structured using these topic headings:
Table of contents (not included in page/word limit)

- Executive Summary (300-500 words, not included in page/word limit)
- Current CHRC/Consortium Grantees Only: Prior grant performance (300-800 words, not included in page/word limit)
- Proposal Body:
    1. Background and Justification
    2. Organizational Capacity
    3. Financial Capacity
    4. Project Plan and Obtainable Timeline
    5. Coordination/Integration
    6. Engagement with Students, Families and Community
    7. Measurable Outcomes
    8. Project Budget and Budget Justification (not included in page/word limit)
- Mandatory Appendices
    a. Resumés of key staff
    b. If indicated in application, sliding scale fee schedule
    c. Current grantees only: copy of Milestones & Deliverables report for July-December 2025, metrics plan, Progress Report #4
- Optional Appendices
    a. Letters of support from LBHA, LMB, Local Health Department, County Executive, County Council, other child-serving agencies, implementation partners, and/or community organizations.
    b. Letters of support from principals of schools where services will be offered.

Proposal Guidance

Executive Summary (300-500 words, not included in page/word limit)

a. What jurisdiction will be served? (If your organization wants to provide services in both Worcester and Somerset counties, two RFP applications are required)
b. How many total unduplicated students will receive grant-funded services?
c. How many of these unduplicated individuals will receive services at each of the three MTSS Tiers: Tier 1 (universal/prevention), Tier 2 (brief/small group), and Tier 3 (individual)? See page 10-11 in the FY 26 MCHRC RFA for more information about MTSS.
d. Briefly describe the priorities and unmet needs that the program proposes to address.
e. What is the program's overall focus/key services that will be provided?
f. What key Evidence-Based Programs will be implemented?

g. Briefly describe how the program will integrate with existing services in the school and community.
h. Funding amount requested, and brief description of other sources of funding (Medicaid, commercial insurance, local grants, in-kind, etc.).

Prior grant performance (current MCHRC/Consortium grantees only, 300-800 words, not included in page/word limit)

i. Describe accomplishments under the current grant, qualitative and quantitative.
j. Describe any proposed changes to the current grant-funded program.
k. Describe any lessons learned during the current grant and how those lessons would be applied in a future grant.
l. Describe applicant's efforts to maximize Medicaid revenue during the current grant period.
m. Include in the appendix a copy of the applicant's:
    i. Milestones & Deliverables report covering July-December 2025; and
    ii. Narrative Report covering July-December 2025

1. Background and Justification

a. Briefly describe the population(s) to be served (i.e., demographics, insurance coverage, income levels, etc.).
b. Provide evidence that the proposed program responds to a documented local priority.
    i. Applicants may use Community Health Needs Assessments, LBHA and/or LMB Needs Assessments, Community Schools Needs Assessments, information from LEAs, and/or other sources to describe the unmet needs and priorities. Use quantitative and/or qualitative data.
c. If applicable, list the schools that will receive services and explain the reasoning for selecting these schools.
d. How will the proposed services address health equity and/or the social determinants of health.

2. Organizational Capacity

a. Briefly describe the organization's mission, structure, and governance.
b. Describe the organization's history of supporting youth and adolescent behavioral health.
c. Describe the organization's history of working in schools.
d. Describe the organization's history of working with the target community.
e. Describe the organization's staff. Include information about staff training and cultural and linguistic competency. Describe the extent to which the staff reflects the community served.
f. Describe the qualifications and licensure of key staff. Provide resumés of up to five key staff in the appendix.

3. Financial Capacity

a. Briefly describe the organization's history of financial management.
b. Do you currently bill Medicaid? If so, include the provider number, describe billing capacity and barriers, and list which services are or are not Medicaid-eligible. (Medicaid billing is not required; explain if you do not bill.)
c. Restate and elaborate on how grant funds will complement anticipated Medicaid revenues (as requested on the cover sheet).
d. Detail how anticipated Medicaid revenues are reflected in the proposed budget (e.g., ensuring grant funds do not cover Medicaid-funded FTE portions).
e. If applicable, will a sliding scale fee schedule be used? Include it in the appendix.

f. If applicable, will private commercial insurance be billed? If so, will grant funds cover co-pays based on an income-based sliding scale? Describe documentation for co-pay support (e.g., client hardship form). Detail how these anticipated revenues are reflected in the proposed budget (e.g., no grant funding for anticipated revenue-funded FTEs, grant funds for co-pay support only, etc.).
g. What *other* funding sources support existing and new school-based services (e.g., local support, grants, hospital community benefit)? How will RFA grant funding blend with other sources? Detail any in-kind or matching funds provided.
h. Applicants must fill out, sign, and attach the LMB legal and financial disclosure form (see end of RFP Application Document).

4. Project Plan and Obtainable Timeline

a. Clearly and concisely define the services to be provided. Note: Overly complex proposals may not be funded.
b. What date will services begin? To what extent is the program "shovel-ready?"
c. Provide the total estimated unduplicated youth, families, and others to receive grant-supported services, specifying the number for each of the three MTSS tiers. Describe your estimation methodology and how you will prevent double-counting.
d. Where will services be provided? If applicable, describe commitment from schools to make confidential spaces available. If services will not be provided in the school building, describe means to facilitate access to services (e.g., transportation, etc.).
e. What times during the day will services be provided? If applicable, describe commitment from schools to permit students to receive services during these times. Will services be provided over the summer?
f. What evidence-based strategies will be used (see menus of Priority and Recommended evidence-based programs on page 5)? How is the organization planning for staff training and on-going implementation support in the EBP(s)? How will the EBP(s) be utilized in programming and implemented with fidelity? Be specific. Budgets and staffing plans should reflect this commitment.
g. What other strategies will be used, and how are they justified?
h. How will the program address challenges in hiring and retaining behavioral health staff?
i. How will referrals be made to the program? How will services be "marketed" to families and school staff?

5. Coordination/Integration

a. Describe collaboration with the Local Education Agency (LEA) in developing the proposal, including specific meeting dates. How will school staff be involved in the implementation of the program? How will student information be shared with school staff?
b. Describe how the proposed program will integrate with existing behavioral health services and school supports, and avoid duplication.
c. Describe all partners, including referral partners. Detail the processes and structures ensuring effective partnership(s). Include commitment letters in the appendix. Explain information-sharing methods between partner organizations.
d. Will the program address the holistic needs of children and families, including medical needs and non-medical Social Determinants of Health? Describe any referral relationships.
e. Will Community Schools be served? If so, how will the program integrate with services provided by Community Schools? If applicable, how does the program respond to Needs Assessments developed by Community Schools?

f. Discuss any reservations about working with a local Partnership Hub organization in the future.

6. **Engagement with Students, Families and Communities**
    a. How is youth voice incorporated in the design and implementation of the program?
    b. Describe the extent to which families and communities were consulted in program design.
    c. How will feedback from families and communities be collected and incorporated into future programming?
    d. How will parents and families be involved in treatment plans, if applicable?
    e. Please include in the appendix any letters of support from key community agencies and organizations (e.g., community-based organizations, Departments of Social Services, etc.)
7. **Measurable Outcomes**
    a. Describe the organization's capacity for data management and outcomes reporting. What data systems will be used? Note: Grant funding may be requested for data systems.
    b. Comment on the organization's ability to collect and report on standardized data measures. Optional: What additional, customized process and outcome measures could be collected to demonstrate the impact of this program?
    c. Which validated assessment tools will be used to demonstrate impact?
    d. Describe how the organization currently conducts self-assessment as part of continuous quality improvement efforts. If applicable, describe support needed to build the organization's evaluation capacity. Note: Grantees may be required to consult with the MCHRC and NCSMH to review data and assessment strategies.
    e. How will student and family satisfaction be measured?
    f. Does the organization utilize an EMR system?
    g. How will the program ensure that the count of individuals/families served is unduplicated?
8. **Project Budget and Budget Justification**
    a. Please use the template provided.
    b. Please submit the Budget Template in Excel format and the Budget Narrative in PDF format.
    c. Note: The average award amount during the last round of service provider grants was approximately **$286,000**. However, the LMB encourages applicants to request the amount that they feel that they will need in order to execute their proposed program..
    d. The LMB will examine budget requests closely and may request revisions on a case-by-case basis prior to making final awards.
    e. More information about the budget can be found in the next section of this RFP.

- **Appendices and Additional Materials**
    - Appendices:
        - Mandatory Appendices:
            - Resumés of key staff;
            - If indicated in application, sliding scale fee schedule;
            - Current grantees only: copy of Milestones & Deliverables report for July-December 2025, metrics plan, Progress Report(s) as appropriate;
            - Applicant Legal and Financial Disclosure;
            - Contractual Obligations, Assurances, and Certifications;

- IRS Form W-9;
- Audited financial statements and/or IRS Form 990 or other applicable IRS tax filing (prefer both financial statements and tax return); and
- Behavioral health license, if the applicant is licensed.

- Optional Appendices, however not required:
  - Letters of support from LBHA, LMB, Local Health Department, County Executive, County Council, other child-serving agencies, implementation partners, and/or community organizations;
  - Letters of support from principals of schools where services will be offered.
- Cover Sheet:
  - **Grant Application Cover Sheet**: Cover sheets should include the following:

    Date of submission
    Organization Name
    Federal Tax ID Number (EIN)
    Street Address, City, State ZIP
    Total Budget request

    Name, Official Authorized to Execute Contract
    Email, Official Authorized to Execute Contract
    Phone, Official Authorized to Execute Contract

    Name, Project Director
    Email, Project Director
    Phone, Project Director

    Name, Primary Point of Contact (if different from the Project Director)
    Email, Primary Point of Contact (if different from the Project Director)
    Phone, Primary Point of Contact (if different from the Project Director)

    Name, Fiscal Contact
    Email, Fiscal Contact
    Phone, Fiscal Contact

    Any additional contact information (optional)
    Attestation and electronic signature

Evaluation Criteria

Evaluation Criteria	Total Points Possible
Background and Justification ● Briefly described the **population(s) to be served** (e.g., demographics, insurance, income) ● Provided **evidence** that the proposed program addresses a **documented local priority** using quantitative and/or qualitative data from sources like Needs Assessments or LEAs ● **Listed the schools** that will receive services and explain the rationale for their selection ● Described how the proposed services will address **health equity** and/or the **social determinants of health**.	8
Organization Capacity ● Provided the organization's **mission, structure, and governance**. ● Provided the organization's history of supporting **youth and adolescent behavioral health**, working **in schools**, and working with the **target community**. ● Described the organization's **staff**, and provided information on staff training, cultural and linguistic competency, and the extent to which the staff reflects the community served. ● The **qualifications and licensure of key staff**, with resumés.	8
Financial Capacity ● Briefly described the organization's history of **financial management**. ● If the organization **currently bills Medicaid**, included provider number, capacity, and which services are eligible/non-eligible OR explained why they do not bill. ● Explained how grant funds will **complement anticipated Medicaid revenues** and how those revenues are reflected in the proposed budget (e.g., ensuring grant funds do not cover Medicaid-funded full-time equivalent portions). ● Discussed how potential changes to **Medicaid** will or will not impact services to be provided. ● Discussed whether a **sliding scale fee schedule** will be used (if applicable, included in the appendix) AND/OR whether **private commercial insurance will be billed** and if grant funds will cover co-pays based on an income-based sliding scale, with documentation details. ● Provided details on **other funding sources** (local support, grants, in-kind, etc.) support school-based services and how the RFA grant funding will blend with them.	14

● Provided the **LMB legal and financial disclosure form**.	
Project Plan and Obtainable Timeline ● **Services:** Clearly and concisely defines the services to be provided. ● **Implementation:** States the service start date and the program's "shovel-readiness." ● **Target Numbers:** Provides the total estimated unduplicated number of youth, families, and others to be served, broken down by the three MTSS tiers, and describes the estimation and double-counting prevention methodology. ● **Location and Access:** Specifies where services will be provided (including school space commitment) and means to facilitate access if not school-based (e.g., transportation). ● **Timing:** Details the times services will be provided, if they will be offered over the summer, and school commitment to permit student participation during these times. ● **Evidence-Based Programs (EBPs):** Lists the EBPs to be used, explains the plan for staff training, ongoing support, and how the EBPs will be implemented with fidelity (which should be reflected in the budget and staffing plans). ● **Other Strategies:** Justifies the use of any non-EBP strategies. ● **Staffing:** Describes how the program will address challenges in hiring and retaining behavioral health staff. ● **Referrals and Marketing:** Explains the process for referrals and how services will be "marketed" to families and school staff.	18
Coordination/Integration ● **Collaboration with the Local Education Agency (LEA):** Details collaboration, including specific meeting dates, how school staff will be involved in implementation, and how student information will be shared. ● **Integration and Duplication:** Explains how the program will integrate with existing behavioral health services and school supports to avoid duplicating services. ● **Partnerships and Referrals:** Describes all partners, including referral partners, the structure for effective partnerships, and the methods for information-sharing between organizations. Commitment letters must be included in the appendix. ● **Holistic Needs:** Addresses how the program will serve the holistic needs of children and families, including medical needs and non-medical Social Determinants of Health, and detail any referral relationships. ● **Community Schools:** If applicable, describes how the program will integrate with services provided by Community Schools and respond to their Needs Assessments.	10

Engagement with Students, Families and Community ● Address how **youth voice** is incorporated into the program's design and implementation. ● Describes the extent to which **families and communities** were consulted during program design. ● Provides the process for collecting **feedback from families and communities** and how it will be incorporated into future programming. ● Address how **parents and families** will be involved in treatment plans, if applicable.	8
Ability to Demonstrate Measurable Outcomes ● Described the organization's **capacity for data management** and the **data systems** that will be used (noting that grant funding may be requested for them). ● Reported on the ability to collect and report on **standardized data measures** and what **validated assessment tools** will be used to demonstrate program impact. ● Described the process for **self-assessment** as part of continuous quality improvement efforts. ● Discussed how **student and family satisfaction** will be measured. ● Specified whether the organization utilizes an **EMR system**. ● Explained the methodology for ensuring the **count of individuals/families served is unduplicated**.	12
Project Budget and Justification ● Provided a clear and concise budget request ● Provided thorough narration/justification of projected expenses ● Took into consideration existing additional funding sources to leverage the proposed services	6
Program provider is located in Worcester and/or Somerset County OR has a foothold presence in the county (i.e. seeing students in the school or from the school in a centralized office.)	5
All applicable additional appendices were included	10
Project was received UNBOUND	1
Total Possible Points	**100**

Budget

Proposals must include projected expenses for a 12-month program beginning on July 1, 2026 running through June 30, 2027.

While there is no set maximum amount for the requested budget, the average awards to service providers in the last grant cycle managed by the LMB was approximately **$286,000.** However, the LMB encourages applicants to request the amount that they feel that they will need in order to execute their proposed program. The LMB will examine budget requests closely and may request revisions on a case-by-case basis prior to making final awards. Maximizing and optimizing alternative funding sources and providing a thoughtful efficient budget is strongly encouraged.

The LMB reserves the right to negotiate the proposed budget with the chosen vendor. Additionally, the LMB reserves the right to award a lesser amount than requested. If a lesser amount is awarded, the applicant will have the opportunity to adjust the scope of the proposal and/or decline funding.

ALL FUNDING IS CONTINGENT UPON AVAILABILITY OF FUNDS AND MAY BE AMENDED TO REFLECT CHANGES IN THE FINAL BUDGET APPROPRIATION BY THE GENERAL ASSEMBLY.

Permissible Uses of Grant Funds

Examples of permissible uses of grant funding under this RFA include but are not limited to:

- Staff salaries and fringe benefits
- IT hardware and software, including software/platform for outcomes measurement and Measurement-Based Care
- Supplies
- Marketing materials
- Travel/mileage/parking related to grant activities
- Training and professional development. Note: Training and materials for Priority EBPs will be supported by the NCSMH and should not be included in applicant budgets. Staff time for training, including training in Priority or other EBPs, should be included in the staff salaries section of the budget.
- Subcontractors
- Other expenses such as Incentives for program participants, translation/interpretation services, etc.
- Indirect costs

While schools and school systems will not be the direct recipients of grant funds, applicants may request minimal funding to subcontract with school systems for the following activities, if essential for the applicant's program: the use of school buses, stipends for school staff trainings outside of contract hours, and behavioral health-related supplies.

The following are **NOT** permissible uses of grant funds:

- Direct support to families to address social determinants of health (e.g., emergency funds, rent assistance, food assistance, etc.)
- Fees for student participation in extracurricular activities without a behavioral health focus, including sports
- Field trips without a behavioral health focus
- Somatic (physical) health services

- Academic and vocational supports
- Depreciation expenses
- Major equipment or new construction projects
- Clinical trials
- Lobbying or political activity
- Pre-award costs and expenses

In addition, grant funds may not be used to satisfy debts and liabilities of any kind, including, but not limited to, state or federal tax liabilities, outstanding, past due, or delinquent loan balances, individual, property or employment insurance liabilities, liens, promissory notes, offsets of any kind, or contractual debt.

Local Management Board Request for Proposal Spoke Application for Fiscal Year 2027

Organization Name:
Jurisdiction:

Revenues/Total Project Cost	Revenue (July 1, 2025 - June 30, 2026)	% of Total Project Cost
CHRC Grant Funding Request		**0%**
Patient/Program Revenues/Income Collected		0%
Other Grant/Funding Support		0%
Organization Match (In Kind)		0%
Total Project Cost	**$0**	**0%**

Line Item Budget for Total Project Cost and CHRC Grant Funding Request (new rows may only be added for Personnel Salary and Contractual line items)	Total Project Cost (July 1, 2025 - June 30, 2026)	CHRC Budget Request (July 1, 2025 - June 30, 2026)
Personnel Salary (enter the requested information for each position type and applicable FTEs that are **W-2 employees of the project**)		
Program Supervisor (2) 8hrs/week ($40/hr)		
Program Coordinator (1) 20hr/week ($25/hr)		
Position Type 3		
Position Type 4		
Position Type 5		
Personnel Salary Subtotal	**$0**	**$0**
Personnel Fringe Benefits (up to 25% of Personnel costs for only **W-2 employees of the project** listed in personnel salary section above)		
Personnel Fringe Benefits % of Overall Personnel Salary	0.0%	0.0%
Total Salary & Fringe Benefits Expense	**$0**	**$0**
Total Salary & Fringe Benefits Expense % of Total Expenses	0.0%	0.0%
Equipment/Furniture/IT & Telecom/Minor Infrastructure Improvements/Vehicle(s)		
a. Equipment		
b. Furniture		
c. IT/Telecom		
d. Minor Infrastructure Improvements		
e. Vehicle(s)		
Total Equipment/Furniture/IT & Telecom/ Minor Infrastructure Improvements/ Vehicle(s)	**$0**	**$0**
Total Equipment/Furniture/IT & Telecom/ Minor Infrastructure Improvements/ Vehicle(s) % of Total Expenses	0.0%	0.0%
Total Supplies		
Total Supplies % of Total Expenses	0.0%	0.0%

Travel/Mileage/Parking (relates to travel for grant activities but not employee travel related to training)		
a. Program Participants (Client Costs)		
b. Staff Costs		
Total Travel/Mileage/Parking	**$0**	**$0**
Total Travel/Mileage/Parking % of Total Expenses	0.0%	0.0%
Total Staff Training/Development (includes employee certifications and employee travel related costs to conferences, training sessions, etc.; excludes trainings associated with 15 Priority EBPs and salaries related to W-2 employees attending training)		
Total Staff Training/Development % of Total Expenses	0.0%	0.0%
Contractual (>$5k itemize below with details in budget justification; excludes W-2 employees of applicant/project)		
Accounting/Audit		
Legal		
Direct Services Offered		
Strategic Planning		
Outside Supervision		
Total Contractual Expenses	**$0**	**$0**
Total Contractual Expenses % of Total Expenses	0.0%	0.0%
Total Program Marketing Related Expenses		
Total Program Marketing Related Expenses % of Total Expenses	0.0%	0.0%
Total Other Expenses (expenses that do not fit in any of the other direct expense categories outlined above (i.e.; expenses associated with employee background checks/finger printing, participant incentives, etc.)		
Total All Other Expenses % of Total Expenses	0.0%	0.0%
Total Indirect Costs: up to 15% of direct costs (direct costs = total costs minus indirect costs; indirect cost rates above 15% refer to Budget Narrative and RFA)		
Indirect Costs % of Direct Costs	0.0%	0.0%
Overall Total Project Cost and CHRC Total Funding Request (must tie back to total project cost and total CHRC grant funding request amount which is above in rows 10 and 6)	**$0**	**$0**
CHRC Funding Request Percentage of Organization's Total Project Cost		**0%**

Budget Narrative Template

Applicant Name:

Applicant is required to use this Budget Narrative Template and the provided excel LMB Budget Templates (see Schedule 1 Overall Project Cost and Schedule 2 LMB Funding Request).

Grant funds cannot be used for: the purchase or lease of major equipment; construction projects; support of clinical trials; medical devices or drugs that have not received approval from the appropriate federal agency; or lobbying and political activity. Funds may not be used in contravention of the LMB's Standard Grant Agreement.

LMB grant funds should **not** pay for activities already covered by other sources. Accordingly, the LMB requires applicants to disclose other sources of funding that may partially or wholly support activities in their grant proposals. This includes any other state, federal, local, or private grant, as well as anticipated revenues, including Medicaid, Medicare, Health Services Cost Review Commission (HSCRC), Maryland Department of Health (MDH), etc. LMB funds should supplement and not supplant other sources of funding. As indicated in the RFA, **duplication of funding is prohibited**.

The LMB will closely examine grant applications for potential duplicate funding, including an assessment of the applicant's request for indirect costs. Applicants may not request direct funding for any activities that are typically included in the organization's indirect cost pool/indirect rate. The LMB will accept an indirect rate of **up to 15%** (unless the applicant qualifies for a higher indirect rate pursuant to Md. Code Ann., State Finance and Procurement § 2-208(c)), while also requiring applicants to describe activities to be covered within their indirect rate.

Notes

1) There will be several calculations in your budget templates (Schedule 1 and Schedule 2) that do not require any action on your part.

2) **New rows can only be inserted within the Personnel Salary and Contractual expense categories** shown on the LMB Budget Templates (Schedule 1 and Schedule 2). Ensure formulas are picking up all numbers input into any new rows that are added on the budget templates.

Sustainability

The LMB fully expects that grantees will braid in other sources of funding to ensure the long-term sustainability of projects and programs seeded with LMB funding and continues to encourage grantees to leverage LMB dollars to secure funding from other sources for the purpose of program sustainability. Proposals that have the potential to generate reductions in avoidable hospital utilization should be noted in the sustainability section of the proposal. Please comment on the potential or likelihood that cost savings
or retained revenue will be re-invested to support the project after initial LMB grant funding has been expended. The LMB is proud that over 75% of its grants have been sustained at least one year or more after the initial grant funding has been expended.

Organization Name/Entity Current Fiscal Year Total Budget

Provide in the **Schedule 1 Budget Template** the organization name and the organization's total current fiscal year budget. **There is no action required on your part to input the same information in the Schedule 2 Budget Template as this information will automatically carry over when you complete Schedule 1.**

Revenues/Total Project Cost

Provide in the **Budget Templates (Schedule 1 and Schedule 2)** all project revenue sources for each year in the requested funding period. Details on what needs to be input in these schedules are outlined below.

Schedule 1 Overall Project Cost Template: In the **Revenue/Total Project Cost top section** of the Schedule 1 template, input the LMB grant funding amount requested and any other types of anticipated revenue amounts (patient/program revenues/income collected, other grant/funding support, organization match, etc.) for each year in the requested funding period that will fund the overall project cost.

In the **Line-Item Expense budget section** following the Revenue/Total Cost section, provide the line-item expense details for each year in the requested funding period. The total project cost amount in the Revenues/Total Project Cost section must match the Overall Total Project Cost amount in the line-item expense detailed budget. **There is no action required on your part to input information in the LMB Overall Budget Request column as this information will automatically carry over when you complete Schedule 2.**

Schedule 2 LMB Funding Request Template: There is no action required on your part to input information for the LMB grant funding amount requested and other types of revenue amounts that were input on Schedule 1 as this information will automatically carry over when you complete Schedule 1. The LMB grant funding revenue award amount requested needs to match the LMB grant budgeted expenses.

Provide in this **Budget Narrative Template** in the text box below a brief description of anticipated revenue (patient/program revenues/income collected, other grant/funding support, organization match, etc.) for each year in the requested funding period that will fund the overall project cost.

Personnel Salaries

Provide in the **Schedule 2 LMB Funding Request Budget Template** salary dollars and Full Time Equivalent (FTE) details by position type for **only** W-2 employees. Contractual positions should not be included in the salary section but would be included as a line item in the Contractual section. Salary expenses should include all forms of compensation to W-2 employees including services and/or training related to this grant, should not be duplicated by indirect costs, and should be netted by any other revenue sources (i.e., Other Grants, Medicare, Medicaid, etc.).

Provide in this **Budget Narrative Template** in the text box below the salary cost and related FTEs by **position type** along with a brief description of work to be performed by each position type. Identify any anticipated salary increases during the life of the grant (i.e., 3% COLA raises in years 2 and 3).

Complete the table below to show the breakout of FTEs by position type, type of support provided to this grant program, and an indication of the number of FTEs already hired and number of FTEs that still need to be hired. Insert additional rows in the table as needed.

In Example 1 below, 6 individuals are assumed to work as a Community Health Worker, the position is budgeted for 5 FTEs (i.e., 4 full-time and 2 part-time individuals), and all 6 individuals will provide direct patient care services to the grant program. In Example 2 below, 1 individual is assumed to work as a Program Manager, the position is budgeted for 0.5 FTEs (i.e., 1 part-time), and will provide support to the grant program.

Position Type	Type of Support Provided	Total Program FTEs	FTEs Hired to Date	FTEs to be Hired
Example 1 – Community Health Worker	Direct Patient Care	5	2	3
Example 2 – Program Manager	Other Grant Support	0.5	0.5	0

Personnel Fringe Benefits

Provide in the **Schedule 2 LMB Funding Request Budget Template** a fringe benefits amount of up to 25% of overall personnel salaries. The fringe benefits percentage of overall personnel salaries of W-2 employees is automatically calculated on the Budget Template.

If the applicant requests **more than 25% of salary costs for fringe benefits**, the applicant will be required to provide a compelling rationale for exceeding this amount in this **Budget Narrative Template** in the text box below and provide other supporting documentation.

Equipment/Furniture/IT & Telecom/Minor Infrastructure Improvements/Vehicle(s)

Provide in the **Schedule 2 LMB Funding Request Budget Template** the applicable line items associated with any Equipment, Furniture, IT & Telecom, Minor Infrastructure Improvements, and/or Vehicle(s) costs (purchase or rental costs not included in indirect costs rate).

Provide in this **Budget Narrative Template** in the text box below a brief description of any Equipment, Furniture, IT & Telecom Renovations, and/or Vehicle(s) costs with an explanation for the use of the item(s) to be purchased with grant funding in support of this project. Expenses budgeted in this category should align to one of the five-line items on the budget template: 1) Equipment, 2) Furniture, 3) IT & Telecom, 4) Minor Infrastructure Improvements, and 5) Vehicle(s).

Supplies

Provide in the **Schedule 2 LMB Funding Request Budget Template** the overall supply costs to be used during the grant period. The supply costs do not need to be listed on separate line items in the Budget Template.

In this **Budget Narrative Template** in the text box below, list out all supply types and related costs and provide an explanation for each supply type.

Travel/Mileage/Parking

Provide in the **Schedule 2 LMB Funding Request Budget Template** on separate line items the total costs for program participants and for applicant employees.

In this **Budget Narrative Template** in the text below, identify costs and reasons for travel that are applicable to grant specific activities for program participants and employees providing services under the grant (i.e., attending health fairs, community events, services provided under grant etc.).

Staff Trainings/Development

Provide in the **Schedule 2 LMB Funding Request Budget Template**, the overall staff trainings/development costs. These costs do not need to be listed on separate line items in the Budget Template.

In this **Budget Narrative Template** in the text box below, identify the type of training, position types that will receive the training, and costs related to the training. Explain how this training will benefit the project. This category includes travel costs related to employee training including employee certifications required to provide services under the grant and employee travel related costs (lodging, meals, transportation, parking, etc.) to conferences, training sessions, etc. Expenses budgeted in this category **should exclude salaries** paid to employees attending the training, as those amounts **should be included in the Personnel Salary expenses section of the budget**.

Contractual

In the **Schedule 2 LMB Funding Request Budget Template** on separate line items, list contractual arrangements over $5,000 and the related costs. For contractual arrangements less than $5,000, input costs in All Other Contractual Arrangements < $5K line items. This section should not include W-2 employees of the applicant.

In this **Budget Narrative Template** for each contract more than $5,000, identify each individual vendor/contractor, the cost of the total contract, and a brief description of what type of service the contract is providing.

Individual Vendor/Contractor	Total Cost	Description of Service Contract Being Provided

Program Marketing Related Expenses

Provide in the **Schedule 2 LMB Funding Request Budget Template**, the overall program marketing related costs. These costs do not need to be listed on separate line items in the Budget Template.

In this **Budget Narrative Template** in the text box below, list out all marketing related costs (i.e., marketing, advertising, promotional materials/communications/ handouts related to the grant program, etc.) and provide an explanation for each marketing related cost type.

Other Expenses

Provide in the **Schedule 2 LMB Funding Request Budget Template**, the overall other costs.

In this **Budget Narrative Template** in the text below, identify in sufficient detail any other expenses that do not fit in any of the other direct expense categories outlined above. Expenses associated with employee background checks and finger printing (if applicable) should be included in this category.

Indirect Costs

Indirect costs are for activities or services that may benefit more than one project. **Examples of indirect costs include utilities, insurance, rent, audit and legal expenses, equipment rental, and administrative staff.** The applicant should have internal controls in place to ensure expenses reported in the direct costs categories are not a duplication of reported indirect costs.

Provide in the **Schedule 2 LMB Funding Request Budget Template** indirect costs amount of up to 15% of overall direct costs. The indirect costs percentage of overall direct costs is automatically calculated on the Budget Template (direct costs = total costs minus indirect costs).

The LMB will closely examine grant applications for potential duplicate funding, including an assessment of the applicant's request for indirect costs. Applicants may not request direct funding for any activities that are typically included in the organization's indirect cost pool/indirect rate. The LMB will accept an indirect rate of **up to 15%** of direct costs related to the grant program (unless the applicant qualifies for a higher indirect pursuant to Md. Code Ann., State Finance and Procurement § 2-208(c)), while also requiring applicants to describe activities to be covered within their indirect rate.

Please provide in the table below types (dollar breakdown not required) of expenses included in your indirect costs request. **Any Indirect Costs associated with staffing expenses should include the name of the position type.** Insert additional rows in the table as needed.

Administrative Staff positions that are typically included in indirect costs are clerical, accounting, compliance, human resources, general IT, Senior level positions of the organization, (CEO, Executive Director, Medical Director, Operations leader, etc.), etc. **Any Administrative Staff positions not included in the indirect cost rate but are included in the budget as salaries, must perform duties directly required by the grant. Applicant must have controls to document time spent on the grant and the positions should not already be included in the indirect costs.**

Categories of Indirect Costs (list out position type for staffing costs)
Example 1 - Utilities
Example 2 - Rent
Example 3 – Audit and Legal

Example 4 – Rental of Equipment (list the type of equipment on separate rows)
Example 5 – Administrative Staff (list the type of positions on separate rows)

Applicant Legal and Financial Disclosure
FY 2027 LMB Spoke Providers Call for Proposals

Applicant Organization Name: _____

Legal Disclosure

Applicants must disclose information about any outstanding and potential legal actions and claims. Please respond to each of the items below.

1. Describe any outstanding legal actions or potential claims against the applicant. Include a brief description of any action.

2. Describe any settled or closed legal actions or claims against the applicant over the past five (5) years.

3. Describe any judgments against the applicant within the past five (5) years, including the court, case name, complaint number, and a brief description of the final ruling or determination.

4. In instances where litigation is ongoing and the applicant has been directed not to disclose information by the court, provide the name of the judge and location of the court.

Debts and Liabilities Disclosure

Applicants must disclose any and all current outstanding debts and liabilities that may negatively impact the project. Please respond to each of the items below.

1. Describe any outstanding state or federal tax liabilities.

2. Verify the applicant is in good standing with the Maryland State Department of Assessments and Taxation (SDAT). https://egov.maryland.gov/BusinessExpress/EntitySearch. If the applicant is not in good standing, describe efforts to achieve good standing.

3. Describe any outstanding, overdue, or delinquent loans or other contractual debt.

4. Describe any other financial liability that could affect the outcome of the proposed project.

Signature: _____

Date: _____

Contractual Obligations, Assurances, and Certifications

STATEMENT OF OBLIGATIONS, ASSURANCES, AND CONDITIONS

In submitting its grant application to the Worcester's Initiative to Preserve Families also known as the Worcester County Local Management Board ("LMB") and by executing this Statement of Obligations, Assurances, and Conditions, the applicant agrees to and affirms the following:

1. All application materials, once submitted, become the property of the LMB.

2. All information contained within the application submitted to the LMB is true and correct and not reasonably likely to mislead or deceive.

3. The applicant acknowledges that all grant award decisions are preliminary and contingent upon the applicant's agreement to all terms and conditions of the grant award, as determined by the LMB, and upon execution of a written grant agreement that is signed by the LMB and the applicant. Prior to execution of the written grant agreement, the LMB may cancel or rescind an award for any reason, and the applicant may decline the award for any reason.

4. The applicant affirms that in relation to employment and personnel practices, it does not and shall not discriminate based on race, creed, color, sex, country of national origin, or upon any other basis that is prohibited by State and federal law.

5. The applicant agrees to comply with the requirements of the Americans with Disabilities Act of 1990, where applicable.

6. The applicant agrees to complete and submit the Certification Regarding Environmental Tobacco Smoke, P.L. 103-227, also known as the Pro-Children Act of 1994.

7. The applicant agrees that grant funds shall be used only in accordance with applicable State and federal law, regulations and policies, the LMB's Request for Applications, and the final proposal as accepted by the LMB, including LMB-agreed modifications (if any).

8. If the applicant is an entity organization under the laws of Maryland or any other state, that is in good standing and has compiled with all requirements applicable to entities organized under that law.

9. The applicant has no overdue debts or liabilities subject to or in collections (either by the grantor/lender/payor or a third-party), nor any claims, judgments or penalties pending or assessed against it – whether administrative, civil or criminal – in any local, state or federal forum or proceeding.

AGREED TO ON BEHALF OF, _____(Applicant Name)

BY:

_____

Legally Authorized Representative Name (PRINT Name) Title

_____

Legally Authorized Representative Name (Signature)

_____

Email of Authorized Representative